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Fill in this information to identify the case:					
United States Bankruptcy Court for the:					
	District of	Massachus	etts		
		(State)			
Case number (If known):			_ Chapter		

☐ Check if this is an amended filing

Official Form 205

Involuntary Petition Against a Non-Individual

12/15

Use this form to begin a bankruptcy case against a non-individual you allege to be a debtor subject to an involuntary case. If you want to begin a case against an individual, use the *Involuntary Petition Against an Individual* (Official Form 105). Be as complete and accurate as possible. If more space is needed, attach any additional sheets to this form. On the top of any additional pages, write debtor's name and case number (if known).

Pa	Identify the Chapter	r of the Bankruptcy Code Und	der Whic	ch Petition I	s Filed			
1.	Chapter of the Bankruptcy Code	Check one: ☑ Chapter 7 □ Chapter 11						
Pa	art 2: Identify the Debtor							
2.	Debtor's name	Rise Construction Mar	nagem	ent Inc.				
3.	Other names you know the debtor has used in the last 8 years Include any assumed							
	names, trade names, or doing business as names.							
4.	Debtor's federal Employer Identification Number (EIN)	Unknown						
5.	Debtor's address	Principal place of business			Mailing a	ddress, if different		
		12 Ericsson St.						
		Number Street			Number	Street		
					P.O. Box			
		Boston	MA	02122	-			
		City	State	ZIP Code	City		State	ZIP Code
					Location principal	of principal assets, place of business	if differe	ent from
		Suffolk						
		County			Number	Street		
					City		State	ZIP Code

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Debtor Rise Construction Management Inc.

Case number (if known)_

6.	Debtor's website (URL)						
7.	Type of debtor	Corporation (including Limited Liability Company (LLC) and Limited Partnership (excluding LLP) Other type of debtor. Specify:					
8.	Type of debtor's business	Check one:					
		☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))					
		☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))					
		☐ Railroad (as defined in 11 U.S.C. § 101(44))					
		☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))					
		☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))					
		☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))					
		☑ None of the types of business listed.					
		☐ Unknown type of business.					
9.	To the best of your knowledge, are any	☑ No					
	bankruptcy cases	Yes. Debtor	Relationship				
	pending by or against	District Data filed	Coop number if known				
	any partner or affiliate	DistrictDate filed MM / DD / YYYY	Case number, if known				
	of this debtor?						
		Debtor	Relationship				
		District Date filed MM / DD / YYYY	Case number, ii known				
Pa	art 3: Report About the	Case					
10.	Venue	Check one:					
		Over the last 180 days before the filing of this bankruptcy, the debto business, or principal assets in this district longer than in any other	r had a domicile, principal place of district.				
		A bankruptcy case concerning debtor's affiliates, general partner, or					
11.	Allegations	Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b).					
		The debtor may be the subject of an involuntary case under 11 U.S.C.	§ 303(a).				
		At least one box must be checked:					
		☐ The debtor is generally not paying its debts as they become due, ur fide dispute as to liability or amount.	less they are the subject of a bona				
		☐ Within 120 days before the filing of this petition, a custodian, other the agent appointed or authorized to take charge of less than substantial debtor for the purpose of enforcing a lien against such property, was	ally all of the property of the				
12.	Has there been a	☑ No					
	transfer of any claim		ponte required under Bankrupter				
	against the debtor by or Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy						
	to any pennoner:	Rule 1003(a).					

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Rise Construction Management Inc.

Name

Case number (if known)_____

13. Each petitioner's claim	Name of petitioner	Nature of petitioner's claim	Amount of the claim above the value of any lien
Local	103, I.B.E.W. Health Benefit Plan	Unpaid debt	\$ 57,433.34
Electrical Worke	ers' Pension Fund, Local 103, I.B.E.W.	Unpaid debt	\$ 51,380.75
	ferred Income Fund, Local 103, I.B.E.W. oor Management Cooperation Trust	Unpaid debt Unpaid debt Total of petitioners' claims	\$ 33,881.46 28,716.67 \$ 171,412.22

If more space is needed to list petitioners, attach additional sheets. Write the alleged debtor's name and the case number, if known, at the top of each sheet. Following the format of this form, set out the information required in Parts 3 and 4 of the form for each additional petitioning creditor, the petitioner's claim, the petitioner's representative, and the petitioner's attorney. Include the statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

Part 4:

Request for Relief

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Petitioners request that an order for relief be entered against the debtor under the chapter of 11 U.S.C. specified in this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, attach a certified copy of the order of the court granting recognition.

I have examined the information in this document and have a reasonable belief that the information is true and correct.

Petitioners or Petitioners'	Representative		Attorneys		
Name and mailing address Michael P. Donov Name Local 103, IBEV 256 Freeport St., 2 Number Street Boston City Name and mailing address Name	s of petitioner an, Administra V Health Benefit 2nd Fl. MA State	Plan 02122 ZIP Code	Kathryn S. Shea, Printed name Law Office of Kath Firm name, if any 108 Trowbridge St Number Street Cambridge City	ryn S. Shea ., 3rd Fl. MA State 1-4350 Email	02138 ZIP Code Okateshealaw.com
City	State	ZIP Code			
I declare under penalty of p	erjury that the foregoi	ng is true and correct.			
Executed on 11/24/202 MM / DD / YYY	ΥΥ		/s/ Kathryn S. Sh	nea	
★ /s/ Michael P. Do Signature of petitioner or repres		sentative's title	Date signed 11/24/2		

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Rise Construction Management Inc.

Na	r

Debtor

Case number (if known)_____

Michael P. Donova	n. Administrator		Kathryn S	S. Shea, Esq.		
Name Electrical Worker	<u> </u>		Printed name			
IBEW, 256 Free	port St., 2nd Fl.			e of Kathryn S	. Shea	
Number Street			Firm name, if a	·		
Boston	MA	02122	108 Trowbridge St., 3rd Fl.			
City	State	ZIP Code	Cambrid		MA	02138
Name and mailing addres	so of notitioner's ren	recentative if any	City	190	State	ZIP Code
Name and maining addres	ss of petitioner's rep	resentative, if any	Contact phone	617-851-435	0 kate@ł	kateshealaw.com
Name						
			Bar number	547188		
Number Street			04-4-	MA		
			State			
City	State	ZIP Code				
I declare under penalty of p	perjury that the forego	ing is true and correct.	, , , , , , , ,	0.01		
Executed on 11/24/202	23_		★ /s/ Kath	ryn S. Shea		
MM / DD / YY	YY		Signature of att	torney		
/s/ Michael P. Do	novan			44/04/0000		
/s/ Michael P. Do Signature of petitioner or repre		esentative's title	Date signed	11/24/2023 MM / DD / YYYY	-	
Signature of petitioner or repre	sentative, including repre	esentative's title	Date signed		-	
Name and mailing address Michael P. Donov Name Electrical Workers Local 103, IBEW,	esentative, including repressors of petitioner van, Administra	ntor ome Fund,	Kathryn S Printed name	MM / DD / YYYY S. Shea, Esq. ce of Kathryn S	. Shea	
Name and mailing address Michael P. Donov Name Electrical Workers Local 103, IBEW, Number Street	ss of petitioner van, Administra s' Deferred Inc. 256 Freeport	ome Fund, St., 2nd Fl.	Kathryn S Printed name Law Offic Firm name, if a	MM / DD / YYYY S. Shea, Esq. ce of Kathryn S		
Name and mailing address Michael P. Donov Name Electrical Workers Local 103, IBEW,	esentative, including repressors of petitioner van, Administra	ntor ome Fund,	Kathryn S Printed name Law Offic Firm name, if a	MM / DD / YYYYY S. Shea, Esq. ce of Kathryn S rbridge St., 3rd		
Name and mailing address Michael P. Donov Name Electrical Workers Local 103, IBEW, Number Street Boston	ss of petitioner van, Administra s' Deferred Inc. 256 Freeport	ome Fund, St., 2nd Fl.	Kathryn S Printed name Law Offic Firm name, if a	S. Shea, Esq. ce of Kathryn S		02138
Name and mailing address Michael P. Donov Name Electrical Workers Local 103, IBEW, Number Street Boston	esentative, including repressors Ses of petitioner Sean, Administra Ses of petitioner Ses of petitioner Ses of petitioner Administra Ses of petitioner MA State	ome Fund, St., 2nd Fl. 02122 ZIP Code	Kathryn S Printed name Law Office Firm name, if a 108 Trow Number Stre	S. Shea, Esq. ce of Kathryn S rbridge St., 3rd et	FI. MA State	ZIP Code
Name and mailing address Michael P. Donov Name Electrical Workers Local 103, IBEW, Number Street Boston City	esentative, including repressors Ses of petitioner Sean, Administra Ses of petitioner Ses of petitioner Ses of petitioner Administra Ses of petitioner MA State	ome Fund, St., 2nd Fl. 02122 ZIP Code	Kathryn S Printed name Law Office Firm name, if a 108 Trow Number Stree Cambrid	S. Shea, Esq. ce of Kathryn S	FI. MA State	
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Name and mailing address Michael P. Donov Name Electrical Workers Local 103, IBEW, Number Street Boston City Name and mailing address Name Number Street	ss of petitioner van, Administra s' Deferred Inc. 256 Freeport MA State State	ome Fund, St., 2nd Fl. 02122 ZIP Code resentative, if any	Kathryn S Printed name Law Office Firm name, if a 108 Trow Number Stree Cambrid City Contact phone Bar number	S. Shea, Esq. se of Kathryn S rbridge St., 3rd let lge 617-851-435 547188	FI. MA State	ZIP Code
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Name and mailing address Michael P. Donov Name Electrical Workers Local 103, IBEW, Number Street Boston City Name and mailing address Name Number Street	ss of petitioner yan, Administra s' Deferred Inc. 256 Freeport MA State State State Definitioner's representations of petitioner's representations.	ome Fund, St., 2nd Fl. 02122 ZIP Code resentative, if any	Kathryn S Printed name Law Offic Firm name, if a 108 Trow Number Stre Cambrid City Contact phone Bar number State	S. Shea, Esq. Se of Kathryn Set of K	FI. MA State	ZIP Code
Name and mailing address Michael P. Donov Name Electrical Workers Local 103, IBEW, Number Street Boston City Name and mailing address Name Number Street City I declare under penalty of percent and mailing address Executed on 11/24/2023	ss of petitioner yan, Administra s' Deferred Inc. 256 Freeport MA State State State Derjury that the foregon	ome Fund, St., 2nd Fl. 02122 ZIP Code resentative, if any	Kathryn S Printed name Law Offic Firm name, if a 108 Trow Number Stre Cambrid City Contact phone Bar number State	S. Shea, Esq. Se of Kathryn Set of K	FI. MA State	ZIP Code

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Debtor

Rise Construction Management Inc.

Name			Case number (π κηοψη)		
Name and mailing addres Michael P. Donovar	ss of petitioner n, Administrator		Kathryn S. Shea, Esq.		
Name Electrical Indust	try Labor Manag	gement	Printed name	0.01	
Cooperation Tru	ust, 256 Freepo	rt St. 2nd Fl.	Law Office of Kathryn	S. Shea	
Number Street			,	. =:	
Boston	MA	02122	108 Trowbridge St., 3rd	a FI.	
City	State	ZIP Code	Cambridge	MA	02138
Name and mailing addres	ss of petitioner's rep	resentative, if any	City Contact phone 617-851-43	State	ZIP Code kateshealaw.cor
Name			Bar number 547188		
Number Street			State MA	_	
City	State	ZIP Code			
Signature of petitioner or repres		esentative's title	Date signed 11/24/2023 MM / DD / YYYYY		
Name and mailing addres	ss of petitioner				
Name			Printed name		
Number Street			Firm name, if any		
City	State	ZIP Code	Number Street		
Name and mailing addres	s of petitioner's rep	resentative, if any	City	State	ZIP Code
			Contact phone	Email	
Name			Bar number		
Number Street			State	_	
City	State	ZIP Code			
I declare under penalty of p	perjury that the forego	ing is true and correct.			
Executed on MM / DD / YYY	yy		Signature of attorney		

Signature of petitioner or representative, including representative's title

X

Date signed

MM / DD / YYYY